

## Summary of Dental Plan Benefits

CITY OF WICHITA

Group #399

Effective for January 1, 2017

### Maximum Benefit(s) Per Person:

The Maximum Benefit for all Covered Services, excluding Diagnostic and Preventive Services, for each Enrollee in any one Contract Year is: One Thousand Dollars (\$1,000.00).

The Maximum Benefit for Orthodontic Services for each Enrollee is: One Thousand Dollars (\$1,000.00) during such person's lifetime. Payment for the Orthodontic Services shall not be included in determining the Maximum Benefit for each Contract Year.

### Deductible Limitations:

Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the Contract Year deductible is: \$50 x 3

### Eligible Children Ages:

Children are eligible for coverage to age twenty-six (26).

**\*Using a non-participating provider may result in higher out of pocket expenses. Refer to your benefit booklet for further information.**

Benefit % Paid  
\*Delta Dental  
PPO/Premier

Base Level Incentive Level

100% 100%

### DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible or Maximum)

#### Diagnostic:

Includes the following procedures necessary to evaluate existing dental conditions and the dental care required:

- \*\* • Oral evaluations – two (2) times per Contract year.
- Bitewing x-rays – two (2) times per Contract year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over.
- Full mouth or panoramic x-rays – once (1) each five (5) years.

100% 100%

#### Preventive:

Provides for the following:

- \*\* • Prophylaxis (Cleanings) – two (2) times per Contract year.
- Topical Fluoride – two (2) times per Contract year for dependent children under age nineteen (19).
- Space Maintainers – for dependent children under age fourteen (14) and only for premature loss of primary molars.
- Sealants – once (1) per tooth per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.

**\*\* Benefits will increase from the Base Level to the Incentive Level if the member receives an exam and/or cleaning at least one (1) time in twelve (12) months. Benefits will increase to the Incentive Level ninety (90) days after a cleaning and/or exam. Benefits for new members will begin at the Incentive Level. After twelve (12) months, benefit levels will be determined by the date of the last Diagnostic or Preventive treatment.**

### BASIC (Subject to Deductible)

60% 80%

#### Ancillary:

Provides for one (1) emergency examination per Plan year by the Dentist for the relief of pain.

60% 80%

#### Oral Surgery:

Provides for extractions and other oral surgery including pre and post-operative care.

60% 80%

#### Regular Restorative:

Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).

60% 80%

#### Endodontics:

Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth.

60% 80%

#### Periodontics:

- a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted toward the frequency limitation for prophylaxis cleanings.
- b. Surgical periodontal procedures.

60% 80%

### MAJOR (Subject to Deductible)

40% 50%

#### Special Restorative:

When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.

40% 50%

#### Prosthodontics:

- a. Includes bridges, partial and complete dentures.
- b. Repairs and adjustments of bridges and dentures.

40% 50%

### ORTHODONTICS (Subject to Deductible)

50% 50%

#### Orthodontics:

Includes orthodontic appliances and treatment, interceptive and corrective, for dependent children under age nineteen (19).

*This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Please refer to the Description of Dental Care Coverage for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's Agreement to Provide Dental Benefits (contract) is binding on all parties and supersedes all other written or oral communications.*





## Welcome to Delta Dental of Kansas



With Delta Dental of Kansas you receive the expertise of the largest, most experienced dental benefits carrier in the nation, paired with our unparalleled customer service. Together with your employer, we have designed a dental benefit plan to help protect the oral health of you and your covered dependents. Regular preventive dental care *not only reduces the cost and the pain generally associated with extensive dental work, but a healthy mouth contributes to your overall well-being.*

### Network Strength

You are free to go to any dentist of your choice; however, there may be a difference in the amount of payment if the dentist is not a Delta Dental participating dentist. It is to your advantage to choose a **Delta Dental PPO** or **Delta Dental Premier** dentist. Since nearly 4 out of 5 dentists nationwide contract with Delta Dental, the chances are excellent your dentist is already a member. If you have any questions about whether your dentist participates with Delta Dental, contact Customer Service at **(316) 264-4511** or toll-free at **(800) 234-3375**. You may also locate a dentist using the 'Locate a Dentist' link at [www.deltadentalks.com](http://www.deltadentalks.com).

### Website Capabilities

From our website, [www.deltadentalks.com](http://www.deltadentalks.com), you can:

- Locate a participating **Delta Dental PPO** or **Delta Dental Premier** dentist anywhere in the United States
  - Go to [www.deltadentalks.com](http://www.deltadentalks.com)
  - Click on 'Subscribers' across the top of the page
  - Under 'Locate a Dentist', click on 'Dentist Search' then 'Find a Dentist'
  - #1 - 'Product Selection', click on '**Delta Dental PPO**' or '**Delta Dental Premier**'
  - #2 - 'Your Location', type in either your city and state OR your zip code
  - You may also sort the number of results, enter your dentist's name or choose by specialty
  - Click on 'Search for a Dentist'
- Check your eligibility and plan information
- Print an ID card
- Check claim status
- Estimate your out-of-pocket dental care costs with the Flexible Spending Account Estimator
- Sign-up to receive your Explanation of Benefits electronically
- Learn about oral health and wellness



## Summary of Dental Plan Benefits

**CITY OF WICHITA**

**Group #60100**

**Effective for January 1, 2017**

**\*\*NOTE:** In order to receive benefits under this program, you must use a participating Delta Dental PPO dentist. If an Out of Network dentist is used, no benefits will be paid.

### Maximum Benefit(s) Per Person:

The Maximum Benefit for all Covered Services, excluding Diagnostic and Preventive Services, for each Enrollee in any one Contract Year is: One Thousand Dollars (\$1,000.00).

\* Benefits will increase from the Base Level to the Incentive Level if the member receives an exam and/or cleaning at least one (1) time in twelve (12) months. Benefits will increase to the Incentive Level ninety (90) days after a cleaning and/or exam. Benefits for new members will begin at the Incentive Level. After twelve (12) months, benefit levels will be determined by the date of the last Diagnostic or Preventive treatment.

### Deductible Limitations:

Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the Contract Year deductible is:  
\$50 x 3

### Eligible Children Ages:

Children are eligible for coverage to age twenty-six (26).

Benefit % Paid		Delta Dental PPO Network	
Base Level	Incentive Level	<b>DIAGNOSTIC &amp; PREVENTIVE</b> (Not Subject to Deductible or Maximum)	
100%	100%	<b>Diagnostic:</b>	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <ul style="list-style-type: none"><li>* <u>Oral evaluations</u> – two (2) times per Contract year.</li><li>* <u>Bitewing x-rays</u> – two (2) times per Contract year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over.</li><li>* <u>Full mouth or panoramic x-rays</u> – once (1) each five (5) years.</li></ul>
100%	100%	<b>Preventive:</b>	Provides for the following: <ul style="list-style-type: none"><li>* <u>Prophylaxis</u> (Cleanings) - two (2) times per Contract year.</li><li>* <u>Topical Fluoride</u> – two (2) times per Contract year for dependent children under age nineteen (19).</li><li>* <u>Space Maintainers</u> – for dependent children under age (14) and only for premature loss of primary molars.</li><li>* <u>Sealants</u> – once (1) per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.</li></ul>
<b>BASIC</b> (Subject to Deductible)			
60%	80%	<b>Ancillary:</b>	Provides for one (1) emergency examination per Plan year by the Dentist for the relief of pain.
60%	80%	<b>Oral Surgery:</b>	Provides for extractions and other oral surgery including pre and post-operative care.
60%	80%	<b>Regular Restorative:</b>	Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age 12.
60%	80%	<b>Endodontics:</b>	Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth.
60%	80%	<b>Periodontics:</b>	a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted toward the frequency limitation for prophylaxis cleanings.
60%	80%		b. Surgical periodontal procedures.
<b>MAJOR</b> (Subject to Deductible)			
40%	50%	<b>Special Restorative:</b>	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
40%	50%	<b>Prosthodontics:</b>	a. Includes bridges, partial and complete dentures.
40%	50%		b. Repairs and adjustments of bridges and dentures.
<b>ORTHODONTICS</b> (Subject to Deductible)			
None	None	<b>Orthodontics:</b>	Orthodontic appliances and treatment.

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### Network Strength

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  - Click on 'Subscribers' across the top of the page
  - Under 'Locate a Dentist', click on 'Dentist Search' then 'Find a Dentist'
  - #1 - 'Product Selection', click on '**Delta Dental PPO**'
  - #2 - 'Your Location', type in either your city and state OR your zip code
  - You may also sort the number of results, enter your dentist's name or choose by specialty
  - Click on 'Search for a Dentist'
- Check your eligibility and plan information
- Print an ID card
- Check claim status
- Estimate your out-of-pocket dental care costs with the Flexible Spending Account Estimator
- Sign-up to receive your Explanation of Benefits electronically
- Learn about oral health and wellness